

# FAIR PLAN

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**REQUIRED FILINGS IN THE STATE OF:** \_\_\_\_\_ **Filings Made During the Year 2004**

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES	(5) DUE DATE	(6) FORM SOURCE	(7) APPLICABLE NOTES
		<b>I. NAIC FINANCIAL STATEMENTS</b>				
	1	Annual Statement (8 ½"X14")	3	3/1	NAIC	H(a), I, J, K
	2	Quarterly Financial Statement (8 ½" x 14")	3	5/15,8/15,11/15	NAIC	H(a), I, J, K
		<b>II. NAIC SUPPLEMENTS</b>				
	3	Insurance Expense Exhibit	1	4/1	NAIC	K
	4	Management Discussion & Analysis	3	4/1	COMPANY	K
		<b>III. AUDITED FINANCIAL STATEMENTS</b>				
	5	Accountants Letter of Qualifications	3	6/1	COMPANY	K, J
	6	Audited Financial Statements	3	6/1	COMPANY	K, J
	7	Report of Significant Deficiencies in Internal Controls	3	6/1	COMPANY	N
		<b>IV. STATE REQUIRED FILINGS</b>				
	8	Filings Checklist with column 1 completed	1		STATE	
	9	Premium Tax	1	3/1	STATE	K
	10	Updated Biographical Affidavits	1	3/1	COMPANY	
	11	EDP Listing	1	3/1	STATE	K, L, O
	12	Basket Clause Statement	1	3/1	STATE	K, Q